## **MAIL-IN BALLOT REQUEST LETTER**

## **REGISTRAR OF VOTERS:**

I am requesting your assistance in forwarding an absentee ballot by mail to me at the address listed below for all elections. It is my understanding that this ballot request is indefinite, unless a ballot is returned to the Registrar of Voter's Office by the U.S. Postal Service as undeliverable to my address.

VOIER'S N	IAME:	
CURRENT RESIDENCE ADDRESS (NO P.O. BOX):		
	ADDRESS OR ADDRESS W ELY, IF DIFFERENT FROM A	HERE I WANT TO RECEIVE MY ABSENTEE BALLOT ABOVE:
DATE OF E	BIRTH: M	IOTHER'S MAIDEN NAME:
<u>JUSTIFICA</u>	TION:	
	65 AND OVER	
DISABILITY (	COPY OF SUPPORTING DOCL	JMENT):
	Valid mobility impaired in	dentification card
	paratransit services; bene	igibility for social security benefits; veteran's benefits; efits from Office of Citizens with Developmental ana Rehabilitation services; or
	Current proof of disability from a physician or a physician's note already on file with Registrar of Voters' Office.	
VOTER'S S	IGNATURE OR MARK*: _	
DATE:		
*If signed		required unless voter is disabled and then only
		Witness